

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Kathy Radtkey Gaither			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Governor's Office		
POSITION Undersecretary			CB/ID NUMBER			DIVISION OR BUREAU Office of the Secretary of Education		
RESIDENCE ADDRESS* 1121 L Street #600			HEADQUARTERS ADDRESS 1121 L Street #600			INDEX NUMBER 131		
CITY Sacramento			STATE CA			ZIP CODE 95814		
CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) MONTH/YEAR March 09		(3)  LOCATION WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5)  MEALS			(6)  INCIDEN- TALS	(7)  TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D)  PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
19	1300 - 2430	Sacto/Ontario/Sacto			13.45					159.0	32.3	17.78		190.23
(10) SUBTOTALS					13.45					159.00	32.33	17.78		190.23

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 190.23

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Note: Airport parking fee over limit due to time constraints.

3/19/09 Keynote speaker for Senator Bob Huff Event, Ontario, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and maintenance.

CLAIMANTS

DATE

(16) SIGNATURE

MENT

DATE

3/30/09